

**KINGS COUNTY SUPREME COURT
HELP CENTER – ROOM 122C
360 ADAMS STREET
BROOKLYN, NY 11201**

This summary will **BRIEFLY** describe how to file an Order to Show Cause. It is not intended to be a substitute for legal research or representation. **ANYONE INTERESTED IN BEGINNING A LAWSUIT IS STRONGLY ENCOURAGED TO SEEK LEGAL COUNSEL. THE HELP CENTER CANNOT PROVIDE YOU WITH LEGAL ADVICE OR COMPLETE FORMS ON YOUR BEHALF.**

HOW TO FILE AN ORDER TO SHOW CAUSE

Filing Instructions

1. Prepare the **Order to Show Cause** (see **Exhibit A**) and **Affidavit in Support** (see **Exhibit B**). Have the Affidavit in Support notarized. Label and attach all relevant exhibits.
2. Obtain a **Request for Judicial Intervention (RJI)** (see **Exhibit C**) and complete both sides of the form. If an RJI has previously been filed by either side, you do not have to file another, and you may proceed to Step 3.
3. Bring your papers to the County Clerk's Office (Room 189). Be prepared to pay the filing fee(s) of \$45* for the Order and \$95* for the RJI, if needed.
4. The County Clerk will stamp your papers PAID and you can then submit them in the Ex Parte Office (Room 295) where they will be taken in, reviewed, and forwarded to a Judge for consideration. **KEEP COPIES OF ANY PAPERS YOU SUBMIT.**
5. If your Order is signed by the Judge, you must obtain a copy of it and have all the papers served on all parties in the manner directed by the Court. Ask the clerk in the Ex Parte office how that copy may be obtained. Be sure to come to court on the return date selected by the Judge promptly at 9:30 AM with your affidavit of service.

* If you are filing as a Poor Person, you must complete the Poor Person request forms available at this office or on the Kings County Supreme Court website in the General Info / General Forms tab and submit them with your initial papers to the Ex Parte Office (Room 295).

EXHIBIT A

INSTRUCTIONS: FILL IN THE NAMES OF THE PARTIES AND THE INDEX NUMBER. COMPLETE THE BLANK SPACES NEXT TO THE INSTRUCTIONS PRINTED IN BOLD TYPE. PRINT AND USE BLACK INK ONLY.

At IAS Part ____ of the Supreme Court of the State of New York, held in and for the County of Kings at the Courthouse thereof, 360 Adams Street, Brooklyn, New York, on the ____ day of _____, 20____.

PRESENT: HON. _____
Justice of the Supreme Court

-----X

FILL IN NAME(S)] **Plaintiff(s)** **Index No.** ____/____

-against-

**ORDER TO SHOW CAUSE
IN CIVIL ACTION**

[FILL IN NAME(S)] **Defendant(s)**

-----X

Upon reading and filing the affidavit of _____

[YOUR NAME],

sworn to on the ____ day of _____, 20____ **[DATE THE**

AFFIDAVIT WAS SWORN TO BEFORE A NOTARY PUBLIC], and upon the

exhibits attached to the affidavit, and **[LIST OTHER SUPPORTING**

PAPERS, E.G., ADDITIONAL AFFIDAVITS, EXHIBITS] _____

_____.

Let the plaintiff(s) / defendant(s) **[CIRCLE ONE]** or his/her/their attorney show cause at IAS PART _____, Room _____, of this Court, to be held at the Courthouse, 360 Adams Street, Brooklyn N.Y., on the ____ day of _____,

20____, at _____ o'clock in the _____ noon or as soon as counsel may be heard
why an order should not be made **[DESCRIBE THE RELIEF BEING SOUGHT.]**

for the reasons that **[BRIEFLY DESCRIBE THE REASONS FOR THE RELIEF
YOU ARE REQUESTING]** _____

Sufficient cause appearing therefor, let personal service of a copy of this
order, and the papers upon which this order is granted, upon the plaintiff(s)/defendant(s)
on or before the _____ day of _____, 20____ be deemed good and sufficient.
An affidavit or other proof of service shall be presented to this Court on the return date
directed in the second paragraph of this order.

ENTER

J.S.C.

EXHIBIT B

INSTRUCTIONS: FILL IN THE NAMES OF THE PARTIES AND THE INDEX NUMBER. COMPLETE THE BLANK SPACES NEXT TO THE INSTRUCTIONS PRINTED IN BOLD TYPE, CROSS OUT INFORMATION IN ITALICS WHICH DOES NOT APPLY. PRINT AND USE BLACK INK ONLY.

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF KINGS

-----X

[FILL IN NAME(S)] Plaintiff(s) / Petitioner(s)

Index Number _____ / _____

- against -

AFFIDAVIT IN SUPPORT

[FILL IN NAME(S)] Defendant(s)/ Respondents)

-----X

STATE OF NEW YORK

COUNTY OF _____ **[WHERE NOTARIZED]**

[YOUR NAME], being duly sworn,
deposes and says:

1. I am the **plaintiff / petitioner / defendant / respondent [CIRCLE ONE]** in this **action / proceeding [CIRCLE ONE]**. I make this affidavit in support of my motion for an order

[DESCRIBE WHAT YOU ARE ASKING THE COURT TO GRANT.] _____

2. I believe the Court should grant my motion because **[EXPLAIN THE REASONS FOR YOUR REQUEST. USE ADDITIONAL PAPER IF NECESSARY.]** _____

3. [IF YOU ARE MOVING BY ORDER TO SHOW CAUSE, FILL IN THIS PARAGRAPH. LIST ALL PRIOR REQUESTS FOR THIS RELIEF MADE TO ANY COURT AND THE RESULTS OF THOSE APPLICATIONS. IF NO PRIOR REQUESTS HAVE BEEN MADE, STATE "NONE".]

No prior application has been made for the relief sought herein except _____

WHEREFORE, I respectfully request that this motion be granted, and that I have such other and further relief as may be just and proper.

[SIGN BEFORE A NOTARY PUBLIC]

[PRINT YOUR NAME]

Sworn to before me on the

_____ day of _____, 20 _____

Notary Public

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

-----X

INDEX NO. _____/_____

Plaintiff/Petitioner

– against –

**Part 130 Certification/
Legal Back**

Defendant/Respondent

-----X

To the best of my knowledge, information, and belief, formed after an inquiry reasonable under the circumstances, the presentation of these papers or the contentions therein are not frivolous as defined in subsection (c) of section 130-1.1 of the Rules of the Chief Administrator (22NYCRR).

[SIGN YOUR NAME]

[PRINT NAME]

[ADDRESS AND TELEPHONE NUMBER]

EXHIBIT C



REQUEST FOR JUDICIAL INTERVENTION

UCS-840
(rev. 07/29/2019)

____ COURT, COUNTY OF _____

Index No: _____ Date Index Issued: _____

For Court Use Only:

CAPTION Enter the complete case caption. Do not use et al or et ano. If more space is needed, attach a caption rider sheet.

IAS Entry Date

-against-

Plaintiff(s)/Petitioner(s)

Judge Assigned

RJI Filed Date

Defendant(s)/Respondent(s)

NATURE OF ACTION OR PROCEEDING Check only one box and specify where indicated.

COMMERCIAL

- ☐ Business Entity (includes corporations, partnerships, LLCs, LLPs, etc.)
☐ Contract
☐ Insurance (where insurance company is a party, except arbitration)
☐ UCC (includes sales and negotiable instruments)
☐ Other Commercial (specify): _____

NOTE: For Commercial Division assignment requests pursuant to 22 NYCRR 262.70(d), complete and attach the COMMERCIAL DIVISION RJI ADDENDUM (UCS-840C).

REAL PROPERTY Specify how many properties the application includes: _____

- ☐ Condemnation
☐ Mortgage Foreclosure (specify): ☐ Residential ☐ Commercial
Property Address: _____

NOTE: For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the FORECLOSURE RJI ADDENDUM (UCS-840F).

- ☐ Tax Certiorari
☐ Tax Foreclosure
☐ Other Real Property (specify): _____

OTHER MATTERS

- ☐ Certificate of Incorporation/Dissolution [see *NOTE* in **COMMERCIAL** section]
☐ Emergency Medical Treatment
☐ Habeas Corpus
☐ Local Court Appeal
☐ Mechanic's Lien
☐ Name Change
☐ Pistol Permit Revocation Hearing
☐ Sale or Finance of Religious/Not-for-Profit Property
☐ Other (specify): _____

MATRIMONIAL

- ☐ Contested

NOTE: If there are children under the age of 18, complete and attach the MATRIMONIAL RJI ADDENDUM (UCS-840M).

For Uncontested Matrimonial actions, use the Uncontested Divorce RJI (UD-13).

TORTS

- ☐ Asbestos
☐ Child Victims Act
☐ Environmental (specify): _____
☐ Medical, Dental or Podiatric Malpractice
☐ Motor Vehicle
☐ Products Liability (specify): _____
☐ Other Negligence (specify): _____
☐ Other Professional Malpractice (specify): _____
☐ Other Tort (specify): _____

SPECIAL PROCEEDINGS

- ☐ CPLR Article 75 (Arbitration) [see *NOTE* in **COMMERCIAL** section]
☐ CPLR Article 78 (Body or Officer)
☐ Election Law
☐ Extreme Risk Protection Order
☐ MHL Article 9.60 (Kendra's Law)
☐ MHL Article 10 (Sex Offender Confinement-Initial)
☐ MHL Article 10 (Sex Offender Confinement-Review)
☐ MHL Article 81 (Guardianship)
☐ Other Mental Hygiene (specify): _____
☐ Other Special Proceeding (specify): _____

STATUS OF ACTION OR PROCEEDING Answer YES or NO for every question and enter additional information where indicated.

- | | YES | NO |
|---|--------------------------|--|
| Has a summons and complaint or summons with notice been filed? | <input type="checkbox"/> | <input type="checkbox"/> If yes, date filed: ____/____/____ |
| Has a summons and complaint or summons with notice been served? | <input type="checkbox"/> | <input type="checkbox"/> If yes, date served: ____/____/____ |
| Is this action/proceeding being filed post-judgment? | <input type="checkbox"/> | <input type="checkbox"/> If yes, judgment date: ____/____/____ |

NATURE OF JUDICIAL INTERVENTION Check one box only and enter additional information where indicated.

- ☐ Infant's Compromise
☐ Extreme Risk Protection Order Application
☐ Note of Issue/Certificate of Readiness
☐ Notice of Medical, Dental or Podiatric Malpractice Date Issue Joined: ____/____/____
☐ Notice of Motion Relief Requested: _____ Return Date: ____/____/____
☐ Notice of Petition Relief Requested: _____ Return Date: ____/____/____
☐ Order to Show Cause Relief Requested: _____ Return Date: ____/____/____
☐ Other Ex Parte Application Relief Requested: _____
☐ Poor Person Application
☐ Request for Preliminary Conference
☐ Residential Mortgage Foreclosure Settlement Conference
☐ Writ of Habeas Corpus
☐ Other (specify): _____

RELATED CASES List any related actions. For Matrimonial cases, list any related criminal or Family Court cases. If none, leave blank.
If additional space is required, complete and attach the RJI ADDENDUM (UCS-840A).

| Case Title | Index/Case Number | Court | Judge (if assigned) | Relationship to instant case |
|------------|-------------------|-------|---------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PARTIES For parties without an attorney, check the "Un-Rep" box and enter the party's address, phone number and email in the space provided.
If additional space is required, complete and attach the RJI ADDENDUM (UCS-840A).

| Un-Rep | Parties List parties in same order as listed in the caption and indicate roles (e.g., plaintiff, defendant, 3 rd party plaintiff, etc.) | Attorneys and Unrepresented Litigants For represented parties, provide attorney's name, firm name, address, phone and email. For unrepresented parties, provide party's address, phone and email. | Issue Joined For each defendant, indicate if issue has been joined. | Insurance Carriers For each defendant, indicate insurance carrier, if applicable. |
|--------------------------|---|--|--|--|
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> | Name: Role(s): | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, UPON INFORMATION AND BELIEF, THERE ARE NO OTHER RELATED ACTIONS OR PROCEEDINGS, EXCEPT AS NOTED ABOVE, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION BEEN PREVIOUSLY FILED IN THIS ACTION OR PROCEEDING.

Dated: ____/____/____

Signature

Attorney Registration Number

Print Name